Attorney Docket No. 3319-0120P

BIRCH, STEWART, KOLASCH & BIRCH, LLP

PLEASE NOTE: 'YOU MUST COMPLETE THE FOLLOWING

P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

DECLARATION FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint invention entitled:

Insert Title:	A FLEXI	BLE DISTRIBUTION DEVICE AND	METHOD FOR BUILDING	0		
Fill in Approp	riate the specification of w	hich is attached hereto. If not attached	METHOD FOR RAKE RECEIVER OF CO	OMMUNICATION SYSTEM		
Information -	forth above and /or H	ho followin -	led hereto, the application is identified by	the attenue to		
For Use Withou	The specification	was filed on	Transition technical by			
Specification	and amended on	oplication Number		as		
Attached:	the specification	was filed an				
	International An					
	amended on	Pacadon Number		as PCT		
	I hereby state tha	at I have a sign of	the contents of the characteristics	(if applicable)		
	I do not lime and a little 37. Code of Fod.					
	date of this application representative or assign patent or inventor's cer	n, that the invention has not been in any country foreign to the min smore than twelve months (six a rtificate on this invention has been by legal representatives or assigns, eagin priority benefits under Title 3, listed below and have also identified of the applications.	known or used in the United States of Amicion in any country before my or our involublic use or on sale in the United States patented or made the subject of an inven United States of America on an application on the Grand of America on the United States of States of America on the United States of Louister of the United States of Louister of the United States of Louister of States of Louister of States of Louister of States of Louister of States Code, \$119(a)-(d) of any of the United States Code, \$119(a)-(d) of any of Louister o	of America more than one ye tor's certificate issued before that ation filed by me or my leg		
Insert Priority	Toreign Applica	ation(s)				
Information:	92112265	Taiwan (Country)		Priority Claimed		
(if appropriate)	(Number)	(Country)	May 6, 2003 (Month/Day/Year Filed)	⊠ □ Yes No		
	(Number)	(Country)	(Month/Day/Year Filed)	☐ ☐ Yes No		
	(Number)	(Country)	(Month/Day/Year Filed)	Yes No		
	(Number)	(Country)	(Month/Day/Year Filed)	Yes No		
	r hereby claim the benefi	t under Title 35, United States Code	(Mondify Day/ Year Filed) e, §119(e) of any United States provisional	165 140		
Insert Provisional			(5) of any officed States provisional	applications(s) listed below.		
Application(s):	(Application Number)		<u> </u>			
(if any)	,		(Filing Date)			
	(Application N.					
	(Application Number)	•	(Filing Date)			
	All Foreign Applications, the Filing Date of This Ap	if any, for any Patent or Inventor's plication:	Certificate Filed More than 12 Months (6	Months for Designs) Prior to		
	Country					
Insert Requested		Application Number	Date of Filing (Month	/Day/Voor)		
Information: (if appropriate)						
Insert Prior U.S.	I hereby claim the benefit continuation-in-part appli disclosed in the prior Unit Code, §112, I acknowledg Federal Regulations, §1.56 international filing date of	under Title 35, United States Code cation(s) listed below and, insofar ed States and/or PCT application in the duty to disclose information which became available between this application.	e, §120 of any United States and/or PCT as the subject matter of each of the clain the manner provided by the first paragrawhich is material to the patentability as the filing date of the prior application	application(s), including for ms of this application is not aph of Title 35, United States defined in Title 37, Code of and the national or PCT		
Application(s):						
(If any)	(Application Number)	(Filing Date)	(Status - patented, pen	(Status - patented, pending, abandoned)		
Page 1 of 2	(Application Number)	(Filing Data)		•		
(Rev. 07/2003)	,	(Filing Date)	(Status - patented, pend	ling, abandoned)		

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

ull Name of First or Sole Inventor:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
ull Name of First or Sole Inventor; nsert Name of Inventor	Wu-Han Yang	Wu-Han Ya	ng	>007/12/19			
nsert Residence	Residence (City, State & Country)		CITIZENSHIP				
nsert Citizenship →	KaoHsiung, Taiwan	Taiwan, R.O.C.					
nsert Post Office Address →	MAILING ADDRESS (Complete Street Address including City, State & Country)						
	No.117-1, ShengLi Rd., TsoYing District, KaoHsiung, Taiwan, R.O.C.						
uli Name of Second Inventor, if any: . see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
	Residence (City, State & Country)		CITIZENSHI	P			
	MAILING ADDRESS (Complete Street Address including City, State & Country)						
ull Name of Third	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
Inventor, if any: see above							
İ	Residence (City, State & Country)		CITIZENSHI	P			
	MAILING ADDRESS (Complete Street Address including City, State & Country)						
full Name of Fourth							
Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
	Residence (City, State & Country)		CITIZENSHI	P			
	MAILING ADDRESS (Complete Street Address including City, State & Country)						
ull Name of Fifth	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
Inventor, if any: see above	,						
	Residence (City, State & Country)		CITIZENSHI	P			
	MAILING ADDRESS (Complete Street Address including City, State & Country)						
ull Name of Sixth			-:-				
Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
	Residence (City, State & Country)		CITIZENSHI	P			
	MAILING ADDRESS (Complete Street Address including City, State & Country)						

Page 2 of 2 (Rev. 07/2003)

*DATE OF SIGNATURE

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PTO/SB/81 (09-03)
Approved for use through 11/30/2005. OMB 0651-0035
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I am the:							
Applicant/Inventor.							
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)							
SIGNATURE of Applicant or Assignee of Record							
Name		3,3,1,3,1,2,01				-	
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This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

forms are submitted.

*Total of